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ABSTRACT

The purpose of the symposium, cosponsored by the American Association of State Psychology Boards and Division 12 of the American Psychological Association, was to focus attention on interesting and innovative approaches to Continuing Education in psychology as a profession in various parts of the country. The participants were asked to focus on the unique problems posed by Continuing Education as an educational process rather than on legal, mandatory vs. voluntary, issues. Programs described represent a variety of formats, ranging from a relatively simple visiting Psychologist program to a multi-format, multi-level approach at the Center for Advanced Study and Continuing Education in Mental Health (CASCEMH) in Nashville, Tennessee. Issues covered by the various programs include target populations, sponsorships, program evaluation, and underlying assumptions about course content and format. Participants agreed that Psychology as a profession has not shown enough interest and concern with Continuing Education and that innovative approaches are clearly needed. (Author/SES)

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REGIONAL APPROACHES TO CONTINUING EDUCATION FOR PSYCHOLOGISTS

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PROCEEDINGS OF A SYMPOSIUM HELD AT THE 1972 CONVENTION

AMERICAN PSYCHOLOGICAL ASSOCIATION

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INTRODUCTION

Peter M. Lewinsohn

The following papers were presented as part of a symposium at the 1972 APA Convention in Honolulu. The symposium was cosponsored by the American Association of State Psychology Boards and by Division 12 of the APA. The American Association of State Psychology Boards is a national organization composed of most state boards of psychologist examiners. Founded in 1957, it serves as a vehicle for boards to act collectively on tasks which would be difficult, if not impossible, for them to do individually. Its major activities have been the development of a national examination, which is used by most boards as part of their certification or licensing process, the publication of a handbook for members of state psychology boards, and assisting states who wish to negotiate reciprocity agreements with other states and maintain a free flow of information between states about legal and other matters of concern to professional psychologists.

The American Association of State Psychology Boards has been active in Continuing Education since 1968 when it became clear that Continuing Education would become an increasingly important issue for all professions. The pressure comes from the general public which is becoming increasingly concerned with the quality of services and products, and this is clearly being extended to the quality of professional services as well.

New knowledge, which is relevant to the professional psychologist, is being added at an ever-increasing rate; thus, Continuing Education is a rapidly expanding area. The purpose of the symposium was to focus attention on interesting and innovative approaches to Continuing Education in various parts of the country. The participants were asked to focus on the unique problems posed by Continuing Education as an educational process rather than on legal (e.g. mandatory versus voluntary) issues. It is worth noting, nevertheless, that several states are moving towards incorporating Continuing Education requirements into their laws. Where this happens, it will undoubtedly exert a strong influence on Continuing Education Programs.

CONTINUING EDUCATION: ASPECTS AND ISSUES OF INTEREST TO PSYCHOLOGISTS

Samuel Pearlman

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It would be an error to assume simplicity in the consideration of the meaning, goals, and forms of continuing education. The ramifications of this area of interest, indeed, have been such as to have given the members of a medical specialty board dealing with the subject the feelings of a hunter going into the tall grass after a wounded Cape buffalo. Prudence on my part suggests that I confine myself to a brief review of several issues which may serve as a basis of discussion at this session.

As one of our colleagues in psychology has realistically noted (Dubin, 1972), psychologists have to date shown only minimal interest in continuing education. While a subcommittee on continuing education was established about two years ago within the framework of the American Psychological Association, it was only four months ago (May, 1972) that the Association's Board of Professional Affairs endorsed the concept of continuing education as appropriately applicable to psychologists at all levels, and suggested that at its next

meeting (October, 1972) representatives of the APA's Education and Training Board, the National Institute of Mental Health, and the new National Academy of Professional Psychologists of the American Board of Professional Psychology be invited for joint discussion of the topic of continuing education. My search for investigative efforts by psychologists on psychologists with reference to continuing education has produced only meager results. A 1967-reported survey of the postdoctoral training needs of industrial psychologists (Lawler, 1967) found 70 per cent of the respondents to be interested in postdoctoral education, with about 60 per cent of the total group believing that the professional association should be undertaking the responsibility of sponsoring such programs. In December, 1968, the Oregon Board of Psychologist Examiners surveyed the 160 certified psychologists registered in its State (Lewinsohn & Pearlman, 1972). Of the 133 responding individuals, 29 per cent fully supported a proposal that evidence of continuing education be formally submitted and approved as a basis for certification renewal; 27 per cent gave general positive support with reservations to this proposal; while 43 per cent took a negative stance. The most recent exploration was conducted in December, 1970, by the Continuing Education Committee of the American Association of State Psychology Boards (AASPB), under the chairmanship of Peter M. Lewinsohn, in this instance of all state licensure or certification boards. What was derived from this effort was (a) that a sizable number of the state boards had begun actively to discuss continuing education, but none had as yet undertaken any action toward implementation, and (b) that the overwhelming majority of the state boards felt that presently existing opportunities for continuing education in their respective states were decidedly insufficient (Lewinsohn & Pearlman, 1972).

This limited, almost non-existent activity in psychology stands in sharp contrast to the pattern of movement already manifest in medicine. A 1971 survey report from the AMA's Department of Continuing Medical Education, for example, highlighted the following data: 38 state medical societies had specific organizational units responsible for continuing medical education activities, 24 had cooperative programs in effect or in various stages of development, and 14 had already completed surveys or studies of continuing medical education activities. Of the 10 state societies which reported any discussions of a continuing education requirement for organizational membership, a point of particular stress because of its mandatory aspect, 7 were opposed to the idea, but 3 had already adopted such a requirement. Two state groups had gone as far also as approving dues increases to support continuing education programs (JAMA, 1971).

Undoubtedly there are reasonable explanations for the slower development in psychology, and perhaps this delayed coming to grips with an obviously emergent need will eventually prove to be constructive, in that it will allow for a rationally considered development and avoid unorganized or scattered experimentation. Our medical colleagues have reached the point at which they are now in continuing education only after about two decades of discussion and trial. In the essence, however, what is presently occurring in psychology's halting progression in the field of continuing education is a demonstration of the "youth" of our profession. Psychologists, who can contribute much to the areas of motivation, adult learning, educational technology, measurement of competence, and patterns of mid-career adjustment have understandably poured their energies, in the quarter-century since World War II, into programs of preparation for and entry into the profession, and have been correspondingly less attentive to the later problem of professional obsolescence.

This latter concept of professional obsolescence is by no means an exclusive concern of any one profession. My first short presentation on this subject, five years ago at an AASPB meeting, emphasized the underlying, compelling public interest in continuing education for all professionals in their post-licensure careers. A license to practice a statutory profession is considered to be a grant of privilege by a governmental authority, and the latter continues to possess the right to insist upon whatever gauge of accountability it wishes to apply to the licensee during his professional lifetime. The direct public interest is quite bluntly expressed by an Associate Commissioner of my own State (Leuallen, 1969) - "If you're going to enjoy an exclusive privilege through licensure, you've got to deserve it." Considering the recent welter of malpractice suits against professional practitioners, it is no longer appropriate - perhaps even reprehensible and dangerous - to joke about the physician burying his mistakes, the dentist bridging his errors, and the architect planting ivy around his weak constructions. A dramatic instance of this concept of "let-the-privileged-seller-beware" has been the effort in some States to impose continuing education requirements upon health practitioners (including psychologists) who provide professional services under the Medicaid program. Only last summer, furthermore, an HEW report (1971) to Congress specifically recommended that the States and the professional associations effect requirements for continuing education as one condition for the recredentialing of professional individuals.

The meanings given to the term "professional obsolescence" have been varied. All emphasize a degree of negative or near-static interaction between the professional individual and his professional environment, to a point where

a reduction of proficiency or competence in individual performance is presumed to occur over time. The most significant article to date on the subject as related to psychology is that of Dubin, "Obsolescence or Lifelong Education: A Choice for the Professional." (Dubin, 1972), and his recently edited volume Professional Obsolescence (Dubin, 1971) is recommended for your interested review. The factor, Dubin states, that figures most prominently in hastening professional obsolescence today is the rate of change and the addition of new knowledge in professional areas. Illustrative of this burgeoning situation is the threefold increase in the number of abstracts published in Psychological Abstracts over the ten-year period from 1961 to 1970, inclusive - from about 7,400 to nearly 22,000, covering an average of somewhat over 500 journals. This datum is obviously derived from materials actually published, and it must be understood that the APA journals in themselves only print about one third of all the articles submitted to them. With what I consider a seriocomic shrug, Chapanis (1971, page 953) estimated the burden resting on the shoulders of a compulsive engineering psychologist who insistently feels he must update himself: it would be necessary to read 30 or 40 articles, books, reports, and the like every day of the year merely to keep abreast of the current literature in his field. The facile psychologist, observant of this pressure-full circumstance, might not be loathe to invent a new eponym or syndrome using the name of Schopenhauer, who wisely pointed out that one can read oneself silly or stupid or dumb (Gode, 1972).

The patent problem of the individual psychologist in this monstrous literary jungle is simply that of survival. In the ordinary course of his development, he will tend to slide away from general into specialty study,

training, and practice. But even here the conscientious psychologist may not rest easy. The publication explosion characteristic of all psychology is as prevalent in most of the specialty areas. In a second defensive step, perforce, the typical psychologist will tend to focus on a segment of his chosen specialty, to which he will adhere as long as his professional economy permits. Practically every one of us has gone or is going through this naturalistic process. And this may be all to the good, in terms of the view we must take of continuing-education applications. Continuing education as a field for development in its own right must be made flexible enough to serve both the general specialist and the specialized specialist, and so be made fully responsive to the expressed needs of the psychological public it is intended to serve.

It would be appropriate for me at this point, as a basis for our discussions, to spell out for you (in question form) a number of the issues which must be thought through on continuing education:

(1) Is professional obsolescence a fact of life? If it is, how may it be explained? At what point in any individual's career does it begin to be manifest? In what forms does it express itself? How may it be evaluated in process and at points in time? How may it be compensated for, with or without continuing education?

(2) How may continuing education be defined? What may be realistically considered to be its full range of expressions? How specialized may it be permitted to become? What value and weight may be accorded to any one form? Can indices of sufficient breadth and depth be developed for the evaluation of any single form, of itself and in comparison with other forms? What schema or methods are available to gauge the impact of participation in continuing education in terms of raising or maintaining competence levels?

(3) Who shall have the responsibility for the guidelines and criteria to be applied to the evaluation of continuing education efforts? The State Boards? The professional associations? The universities? The professional schools? The institutions or agencies which employ psychologists? The "consuming public?" Any combination of these?

(4) What are the motivations among psychologists for participation or non-participation in continuing education programs? How and at what point in the training of the psychologist can the concept of lifelong learning be naturally induced?

(5) How feasible is it to maintain a system of volunteerism in continuing education? What characteristics delineate the "Spontaneous volunteer" from the neutral, resistant, or apathetic individual? Who are the self-movers in contrast to those who need to be moved?

(6) What reasons are there for mandating continuing education, either through law or professional societies? How can a mandated system be made effective?

(7) Are the styles of learning and the absorption of skills and techniques in any way different for mid-career psychologists different from those of new-entry professionals? If such differences are found to exist to any significant degree, how will they influence the opportunities and experiences proffered through continuing education?

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INTERDISCIPLINARY CONTINUING EDUCATION IN COLORADO

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Psychology shares some problems in the area of continuing education with other mental health disciplines, but in some problems it clearly excells.

Among the shared problems are the fact that until recently only minimum efforts have been made to provide continuing education opportunities (although nursing and, to a lesser extent, social work have been much more active in this area). Another shared problem is the fact that all disciplines seem to have a very poor conception of what they can offer to others and what in turn they can receive from others. The movement toward interdisciplinary treatment efforts has clearly not been accompanied by interdisciplinary training either at the continuing education level or in earlier training. Third, the basic education programs in no mental health discipline seems to be geared to the idea that one learns anything beyond his basic professional education. The notion seems to be fairly pervasive that if one admits to needs for continuing education experiences he is somehow deficient in his overall professional training. A fourth area, and one in which psychology seems to excell, is the do-it-yourself ethic. An essential part

of the indoctrination in psychological training is that one should be able to acquire for himself by reading journals all the necessary information and techniques to keep himself up-to-date. That some new developments may be best transmitted by other methods seems to be a bitter pill for many psychologists. Despite all this, the so-called knowledge explosion and vastly changing health care delivery patterns demand something much more systematic than the occasional reading of journals or a chronic falling back upon the basic graduate education no matter how good that might have been.

Our own involvement in continuing education at the University of Denver began several years ago and is still very much in the process of evolving. After having read and heard about needs for continuing education, and having agreed with most of them without doing anything, we opened to the membership of the Colorado Psychological Association a series of workshops on Behavior Modification. At that time Behavior Mod was an area which had seen little exposure in the Denver Metro area and seemed a natural for testing of the market for continuing education opportunities. The series had been put together for our graduate students, but the response from the community was overwhelming. There was hardly room for the students. Given this clear demonstration of interest, there followed a year of cooperative joint sponsorship of workshop

offerings by the Colorado Psychological Association and University of Denver. During that time two things became apparent which led us to think of a different format. First was the shortcoming of the "one-shot" presentation which seems much better suited for acquainting people with the existence of a new area of knowledge or for polishing existing knowledge than it is for gaining depth in a new area. The other thing was the fact that the beginning graduate students and practicing professionals are far enough apart in language and experience to make a poor mix. As a result we decided on a series of indepth seminars corresponding in length to the university's quarter system, to be offered at night, and to be limited to practicing mental health professionals in the community. Since a number of non-psychologistshad inquired as to the availability of the seminars, announcements were sent to members of the psychiatric society and to major mental health installations. Physicians, social workers, nurses and counselors have been involved to date. Differences in discipline seem less important to communication than differences in experience. Starting this program as a bootstrap operation, we were able to offer only one seminar a quarter. Eventually the program gained NIMH support, and the number of offerings has increased steadily.

Instructors have come from our own faculty and from the faculties of the University of Colorado at Boulder and the C.U.

Medical Center in Denver, as well as some local practitioners. The choice of topics has come largely from solicited suggestions, from subjects of our own interest, and from areas which we regarded as unlikely to be chosen but somehow "good for" the professional. The response continues to be gratifying, there being more applicants than openings available every quarter.

Among the limitations of our program (this has been called to our attention rather frequently) is the fact that our format has limited offerings to those in the Denver Metropolitan area. To cope with that problem we are planning to return to some briefer, possibly itinerant offerings in addition to maintaining the seminars.

The demand for continuing education opportunities stands a good chance of radical increase with the provisions for updating which seem inevitable in the various national health insurance bills now being considered. In Colorado we face the additional likelihood of health care legislation which calls for each health care profession to spell out in some detail what its continuing education requirements will be. Whether such a legal requirement becomes a long range benefit to the public and to the profession rather than a millstone of routine and unrewarding obligations will depend on our ability to find real needs and to write into our legislation effective and flexible provisions for meeting those needs.

Perhaps briefly I can mention one problem which seems largely unresolved and one major side benefit of our continuing education endeavor. First we are plagued with the lack of a consensually accepted measure of effectiveness for the program. Our "students" tell us what they do and don't like about the program and we attempt to use this information in good program evaluation fashion to guide us. We have put outcome measures into an appropriate perspective with a format for evaluation which includes need assessment, resource assessment, as well as process assessment and outcome measures. Thus, given what we are trying to do and what we have to do it with, we are making a systematic effort to see whether and how well we are doing it. But as usual, more objective and generalizable outcome measures would be comforting.

The side benefit of this continuing education program which has been as valuable as its direct efforts, has been the development of the WICHE sponsored metro-Denver continuing education consortium. The brain-child of Stan Boucher at WICHE, the consortium replaced two other discussion groups initiated by the local professional societies. This has served as a planning, discussion, and action group composed of the major providers and consumers of continuing education efforts across all mental health disciplines in the metro area. This group, meeting monthly, has provided an opportunity for discussion of mutual problems. Sharing of informa-

tion about local continuing education needs and opportunities has resulted in publication of a calendar of all offerings, indicating the audience to which they are available. The calendar is distributed to mental health agencies and to individual psychiatrists, social workers, nurses, and psychologists who have indicated an interest in receiving it. The consortium has been helpful in cutting down on duplication of offerings and two of the member units have embarked on a joint venture. We have all agonized about evaluation as well as devoting ourselves to planning issues.

Thus a very modest sampling of the water by dipping in a tentative toe has, in a relatively brief time, evolved into an active program which has brought psychology much closer to true interdisciplinary training than has been true of any other training effort in the community.

Other problems, such as an effective mechanism for granting graduate credit, remain unsolved--challenge still exists, but we are pleased with progress so far.

CONTINUING EDUCATION FOR OREGON PSYCHOLOGISTS

By Richard D. Diller, Fred R. Fosmire, and Peter M. Lewinsohn[1]

A Martian anthropologist, after studying the educational and training systems in the U.S., probably would conclude that the years between ages 6 and 18-25 are devoted to preparing the individual for 40 years of productivity. These years of childhood to early adulthood are spent, by most persons, outside the world of work. The subsequent 40 years provide few contacts with the world of formal learning. The Martian probably would conclude that we see our lives as rather predictable and unchanging, for only in a rather stable world would one be able to know 20 years in advance what one needs to know when fully immersed in the world of work.

The fact that we do not see either our lives or our work as highly stable only emphasizes how archaic our educational practices are. There is no shortage of articles chronicling the ever-increasing rate at which new information is generated, or pointing up how problems change in the world of work. Most of us pay lip service to the concept of professional obsolescence, recognizing verbally that even a superior preparation for professional life becomes seriously outdated within a decade. Behaviorally we act as if we are immune, that obsolescence only affects others. Probably the reasons for our non-involvement in activities designed to combat obsolescence are manifold. One reason seems to be that, for many professions, opportunities have been limited.

The Project[2] we describe in this paper is an attempt in one state to provide opportunities for continued professional development to psychologists primarily and to related professions secondarily. The goal of the Project is to involve <u>every</u> psychologist in Oregon in the periodic assessment of his/her obsolescence

and in learning activities specifically designed to upgrade and update professional competencies. The operation of the Project is predicated on the multi-step flow model of cultural innovation and upon principles from social psychology which relate motivation to personal involvement in decision making.

Underlying Premises and Assumptions

We have kept three guidelines foremost in conceptualizing the program:

1. Participants should be actively involved in the planning and creation of the program, selection of content, and other aspects of its structure. The content must be consistent with the felt needs and interests of the participants.

2. There shall be no fixed student-teacher roles. Instead of having one expert and many pupils, the program shall be interactionally organized with each participant contributing to the learning of the entire community.

3. Continuing Education can be expedited through use of a "diffusion" model which emphasizes the roles of influential professionals in each community (e.g., Coleman, J., et al, 1957; Wilkenson, 1952).

Permit us to say more about the diffusion model since it is central to the organization of the program. We conceptualize the problem of continuing education among professionals as a particular instance of a more general question: "How do innovations diffuse in a culture?" Seen this way, continuing education should be able to apply some of the concepts developed by anthropologists who have studied processes of cultural innovation (e.g., Barnett, 1953), and by sociologists and social psychologists who have studied patterns of influence and the diffusion of new ideas and practices (e.g., Katz & Lazarsfeld, 1955; and Lewin, K., 1958).

1958). The explanation of the diffusion process which enjoys the greatest empirical support is sometimes referred to as the "multi-step flow" hypothesis. In essence, the hypothesis emphasizes three kinds of persons (roles) in the social structure: (a) those who actively monitor the world beyond the community; (b) persons who are receptive to influence, well respected for their competence, but who do not take much initiative in exposing themselves to new ideas and experiences; and (c) the remainder of the community. The hypothesis in its barest form says that persons of the first type become aware of the innovation and although they do not have sufficient prestige in the community to influence directly the adoption of the new practice, they may influence persons of the second type. These individuals, customarily referred to as "influentials," become models for the remainder of the community and hasten the diffusion of the innovation of the adoption.

Translating diffusion research into the context of Continuing Education, we see the task as involving three steps:

1. Contacting those persons in each community who are most receptive to the idea of taking a look at their professional obsolescence. Ideally, these persons would include some if not all of the "influentials" in the community.

2. Involving them in an experience which will motivate them to become concerned with professional obsolescence, theirs and that of their colleagues. Collaborating with them in developing plans for involving all professionals in the community in a program of continuing education.

3. Serving as a resource and aiding them in the process of translating and implementing their plans into action. This step includes monitoring, and

acting as a resource, as a communication nexus, etc.

Target Population

The target population is all the psychologists involved in mental health related activities in the State of Oregon. The primary audience consists of about 400 psychologists but the actual composition of the continuing education groups will be determined by each group. While the groups will be initially organized by psychologists, the groups will be encouraged to include, or to relate themselves to, other mental health professionals in the community. Thus, the actual composition of the groups will be determined by functional and geographical considerations. It is hoped that the groups and the programs of continuing education which develop will evolve into multi-disciplinary participation and membership.

Quite clearly, then, our efforts are a first step toward more institutionalized practices of spacing formal education of psychologists over a lifetime, for we agree with the Carnegie Commission on the desirability of such a shift in the functioning of colleges and universities (and we would add, graduate schools).

> "Rather than long-extended formal education in advance, more jobs require some basic skills and knowledge in advance and then willingness to keep on learning and opportunities to learn. Some occupations and professions, such as those of engineers, doctors, and lawyers, now require, and will increasingly require, periodic formal updating of knowledge. Also, more people experiment with several occupations during their lifetimes and need more opportunities to learn new skills -- the shift of the woman from the home to the labor market in the middle of her life is one important illustration. Life-styles also have changed. More people want more variety in their lives through travel, hobbies, and cultural interest; and they want continuing opportunities to acquire new skills and knowledge. Thus it would seems wise to space formal education over the lifetime, reducing the amount of time spent on it early in life and spending additional time on formal education later in life as desired and needed (Carnegie Commission, 1971 p. 8)."

Problems of Evaluation

The project is exploratory and experimental. Even given full agreement that it is desirable that psychologists pursue education and training throughout their careers, the shape of the system which can support this function is not yet clear. It is therefore absolutely necessary that our early efforts be evaluated carefully and insightfully.

The conceptual and practical problems of evaluating the effectiveness of a program of continuing education are no different from those encountered in evaluating any program. Thus there may be value in tracing the complexities as they have emerged in our project, in pinpointing specific problems, and in indicating our solutions.

The "program" may be conceptualized as the independent variable which is assumed to be responsible for any observed changes. (Most of the considerations so clearly elaborated by Campbell are relevant to this issue.)

Since it is probably impossible to have a completely pre-fixed (invariant) program -- in reality most programs, including ours, have to take advantage of opportunities, and of exigencies which were not anticipated, and are shaped by the personalities of a fairly large number of people -- the problem of reproducibility poses a serious and important problem. There is also the semantic problem of being able to accurately and completely describe the independent variable. It obviously does not consist of a simple intervention. Results and conclusions will quite appropriately be regarded with great caution as very tentative until replicated.

The dependent variable in a program such as ours is the professional effectiveness of the target population, in this case all the psychologists in the State of Oregon. The program aims to enhance their professional effectiveness.

A general definition of professional effectiveness would have to include not only the degree to which the target Ss possess the knowledge which is deemed necessary to their field, but also the degree to which the individual can effectively use (implement) his knowledge in such a way as to be beneficial to his client (e.g., his students, patients, organization). Mere possession of the knowledge does not insure successful utilization or application.

How shall we define the knowledge which a professional should possess? It would seem that this definition of basic knowledge for a given sub-area of psychology (clinical, experimental, psychological, industrial, school, etc.) can only be determined by members of that sub-specialty, i. e., the peer group. One would have to identify the reference group for each sub-area (and the members of these groups would differ drastically for different areas of psychology with very little overlap) and ask them to specify: (1) what constitutes traditional knowledge, and (2) what kinds of new information is being added to this area which a competent individual would know about.

The critical issue of how to measure the degree to which the individual is able to use his knowledge effectively is inextricably tied to the nature and complexity of the professional situation within which the individual is functioning. Thus three clinical psychologists -- one who functions in an academic setting, one who is the director of a well-established clinic and one who assumes the directorship of a newly-formed community mental health clinic -- can face situational problems which are very different. Our measurement instruments would somehow have to reflect this complexity.

While boards of various kinds (State Board of Psychologist Examiners, American Board of Professional Psychology) face similar measurement problems, their criteria are usually concerned with the establishment of <u>minimal</u> standards necessary for certification (i.e., to establish a threshold or a

cutoff score above which the individual applicant has to be). No one attempts to measure differences between individuals who are above threshold. Yet, if we are to trace improvement in professional effectiveness, it is in this super-threshold range of functioning we must operate.

In view of the complexities involved in the meaningful direct measurement of professional effectiveness we decided that the development of such measures constituted an important and extraordinarily difficult problem which is beyond the scope of our project. While direct measurement seems beyond our immediate reach, a set of indirect measurements are thoroughly feasible. There are measurements of phenomena which can be assume with reasonable assurance to be correlated with professional effectiveness. Among these indices of effectiveness are: (a) the number of continuing education opportunities which are available (seminars, lectures, workshops, courses, etc.); (b) the degree to which these are being attended; and (c) the degree to which psychologists rate these events as having increased their effectiveness.

Continuing attendance at events structured for communication of information and skill, we can assume, is motivated to a considerable degree by the perception that the material is useful and does enhance professional competence. Since this judgement is rendered by professionals in the give sub-area, we may conclude that a high level of attendance indicates that some meaningful increment in effectiveness has been achieved through the program.

Similarly, the self-report of increased effectiveness which can be attributed to educational events can be taken as a considered professional judgement. Particularly if participants who rate one event highly also seek out similar opportunities subsequently, such data can be afforded considerable face validity.

Method

In this section we present some of the methodological decisions and actions taken by us in implementing the program. In the interest of clarity of exposition they are presented as if they were discrete actions taken by us in some chronological order. Actually, the methodological component evolved as part of the ongoing process of developing the project. They represent our efforts to operationalize the "diffusion model."

Our translation of the "diffusion hypothesis" into concrete actions has been less systematic than would be desirable in a state with a larger target population. We have worked in Oregon for from 10 to 14 years, have been active in state and regional professional associations, and consequently know personally a sizable portion of all psychologists in the state. Using personal contacts in each community and region we were able to identify an initial advisory board of influential psychologists who represented every part of the state and a variety of systems for the delivery of psychological services. This initial board did not include all influential psychologists, but did have representatives from all areas and delivery systems.

Even in a state as small as Oregon(in people, not area), such a board becomes large quickly, especially as one chooses, as we did, to err on the side of inclusion rather than exclusion. We did not regard large size as a serious problem. Our original Advisory Board helped us make decisions regarding initial action-steps; as we got the project underway and gradually added new members to the Board, we began holding meetings of the Board in each region, to which all Board members were invited but which in practice were attended usually only by members from that region.

These steps were based on the following considerations:

The considerations which have guided our attempts to operationalize the diffusion model are few in number:

1. We needed personal, interactional "bridges" between the Project management and psychologists in each region (i.e., what we call "influentials").

2. The target population needed to recognize that the Project is theirs. For that recognition to occur, psychologists in each region needed to be able to shape the nature of the Project in their region. Within the constraints imposed by the grant from NIMH (e.g., necessity to evaluate the Project), we allowed great latitude in the implementation to the Project.

3. We have provided substantial leadership in each region during the initial stages of the Project. We contact participants in a planning meeting, make arrangements travel to their site, chair the meeting, etc. As the local psychologists take charge of the Project in their region, we recede into the background, providing liaison with other Regions and serving more as consultants than as leaders.

The Professional Interest and Resource Form (PIRF)[3]. The PIRF was developed for the following purposes:

1. To generate a survey of professional interest and skills for the target populations. Specifically we were interested in knowing what content areas the were interested in learning more about and what content areas they were willing and able to communicate their skills and expertise.

2. To make the individual psychologist aware of specific aspects of his own obsolescence (deficiencies).

3. To facilitate (contribute) the formation of support and ad hoc groups.

A copy of the present form the the PIRF will be sent upon request. An earlier version was administered to the Advisory Board who made many valuable suggestions. The PIRF is intended to be given to groups of 3-5 people and requires between two or three hours if uninterrupted time. A representative of the project acts as a process consultant to the group. The process consultant's role is to facilitate groups interaction, and to assist the group with its task.

The first two questions of the PIRF ask the respondent to describe his typical activities and functions. Most psychologists begin by thinking of themselves rather narrowly (e.g., they function as diagnosticians, therapists, teachers, researchers) along fairly traditional lines. The intent is to make the individual more aware of the fact he is actually engaged in many activities which go beyond his concept of himself as a traditional psychologist (he spends a great deal of time on committees, being an administrator, public relations, supervising the activities of others, keeping books, etc.) for which he has received no specific training but which take up a great deal of his time.

The third question is intended to round out the individual's reflecting on his professional self by focusing on broader issues, such as concern with changes in higher education, the total mental health delivery system, violence in the public media, humanism vs. behaviorism, and other social, philosophical, and professional issues which may be very important to the individual psychologist.

Question 4 is concerned with the identification of local resource persons. Our general premise is that every professional psychologist has acquired some expertise which is of interest to his peers and which makes him a potential resource to his peers. Most respondents start out by being excessively modest, seeing themselves as perhaps being of value in their immediate area of public function (e.g., statistics, therapy, psychology of memory, etc.). The intent of the exercise is to identify those but also to bring out hidden talents which are not immediately offered by the participant. The psychologist who has written a successful textbook, or who has a great deal of experience in administration, in dealing with non-psychologists (e.g., legislators, and other lay groups), frequently enough does not include these areas of expertise, until his peers in the group urge him to correct this oversight.

Question 5 addresses itself to what the individual would like to learn more about. In some sense, this item is concerned with negative aspects of the individual's professional skills. As such, it is the most sensitive part of the exercise; the individual is encouraged to publicly acknowledge shortcomings, deficiencies, and self doubts. It is intentionally left for the end with the expectation that enough trust will have developed by that time between the members of the group for them to be able to share this realistic aspect of themselves.

Codification of PIRF Responses to Question 5. The raw data consisted of statements such as:

"How psychologists can affect legislation and insurance regarding psychology"

"Family counseling and therapy"

"Different theories and technologies in behavioral therapy"

"More in-depth analysis of resources available in the community"

"Developing community mental health education programs"

In order to be able to identify respondents with similar interests a system to categorize these responses was needed. All statements were put on individual cards and through trial and error sortings a hierarchical classification system was developed which would permit reliable sortings of the statements. The system which was adopted differentiated between three major content categories. (1. Content of Psychology; 2. Psychology as a Profession; 3. Information from Non-psychological Fields.) It permits three further major categories moving from more general to more specific. Each specific interest can be represented by means of a seven digit number and the system permits the identification of individuals sharing interest at whatever level of generality or specificity is desired. The system is illustrated in Table 1.

These codings have been used as follows: each individual was sent a mimeographed copy of the subject-topics and asked to (1) verify the accuracy of our coding of their free-response answers to Question 5 and (2) indicate on a 4-point scale his degree of interest in participating in an ad hoc group organized around that topic. After this information is obtained we invite individuals with similar interests to work with us in setting up an ad hoc group to pursue a particular topic.

Newsletter. Because we needed a vehicle for keeping all members of the Advisory Board informed, we developed a Project Newsletter. Obviously the Newsletter could serve other functions also. We send the Newsletter to our entire target population and include information of the following sorts:

-- announcements of place and time of Advisory Board meetings

-- announcements of major business of a Board meeting

-- announcements of imminent learning projects with invitations to join in their planning

-- information about the project (e.g., explanation of the reasons for a data-gathering effort)

-- schedule of colloquia being offered at the University of Oregon

-- "trial balloons", in which we attempt to discover professional development interests which have not been articulated via our principal data gathering instrument (PIRF)

RESULTS

While not intended primarily for this purpose, the responses to Question 5 of the PIRF provide information as to the current interests of the sample. To the extent that these responses possess predictive validity with respect to likely attendance and support of a learning event, they should be useful to those planning workshops, seminars, and lectures. We intend to make use of them in selecting specific workshops to be held in conjunction with the annual meeting of the Oregon Psychological Association. Collected repeatedly such responses would also permit the identification of trends.

As can be seen, the greatest interest seems to be in behavior modification, new treatment techniques, and in aspects of group dynamics and group consultation.

Salem Program Evaluation Interest Group

In December 1971 psychologists who had indicated an interest in pursuing the topic of program evaluation and applied research were convened in Salem. Twenty psychologists attended this planning meeting. From this meeting emerged the decision to form an interest group to focus over a series of meetings on the topic of program evaluation. A committee of participants was appointed to plan and make arrangements for a series of three meetings.

Gestalt Therapy Workshops

As our project contacted Portland area psychologists who had indicated a strong interest in pursuing Gestalt therapy techniques, we discovered two institutions pursuing somewhat parallel courses. The Clackamas County Mental Health Clinic had decided to devote its training funds to securing some training for its personnel in Gestalt therapy. The Mental Health Field Project, an NIMH grant funded for the purpose of providing training for social workers in Oregon, was also planning to present a workshop in therapy skills for community mental health clinics. As a means of coordinating these efforts, our three institutions joined to co-sponsor a set of Gestalt therapy workshops. Two three-day-weekend experiential workshops were held in the spring of 1972. Enrollment in each was limited to forty participants. The workshops served to demonstrate and explore the Gestalt therapy approach through the involvement of participants as recipients of the therapeutic intervations.

A weekend experiential workshop was offered in Pendleton, June 10 and 11. This workshop was organized at the request of mental health professionals in Pendleton, LaGrande, and Walla Walla, Washington.

Behavior Modification Application Workshops

Two workshops presenting an application of behavior modification to elementary school remedial reading and spelling have been presented. The first presentation was held in Eugene on May 6 under the leadership of personnel of the Oregon Research Institute Social Learning Project. The participants were tutored in the procedures used to implement a home tutoring approach to remedial reading utilizing parents under the supervision of the school psychologist or counselor.

A workshop addressed to the same content was offered in Portland on July 11. This second workshop was jointly sponsored by the C. V. Morrison Center for Youth and Family Counseling of Portland, and this project.

Continuing Education Consortium. A conference sponsored by the Western Interstate Commission for Higher Education on continuing education in mental health in the Pacific Northwest, held in June 1971, served to bring together many of the existing projects offering continuing education to mental health professionals in the state of Oregon. This included the director of the project for providing training in psychiatry for physicians in general practice, a director of a project providing training for social workers, the project coordinator of the Oregon Psychologists' Professional Development Project, director of training of Oregon State Hospital in Salem, and the director of the Department of Psychiatric Nursing at the University of Oregon Medical School in Portland. These individuals, joined by other projects from time to time, have continued to meet on a monthly basis forming an Oregon mental health continuing education consortium. This group has served the function of an exchange of intelligence, peer review of the plans and enterprises of the several projects, and mutual encouragement and support in the pursuit of our common interest. In recent months an additional function

of coordination of project offerings has been given increasing emphasis. Four of the workshops offered by this project have been jointly sponsored by the Mental Health Field Project for social workers. The number of jointly-sponsored events which have interest for the mental health professionals of several academic disciplines is most certain to increase. The current trend is strongly in that direction. The decision for joint-sponsorship, however, will follow from a recognition of appropriateness of the content of a particular course offering for the disciplines involved. A proposal to develop joint programs routinely, in order to foster an interdisciplinary approach in the delivery system of mental health, has been rejected as premature, at least for the present time.

Portland Metropolitan Institute for Professional Development

Representatives of the several community mental health clinics, a Veterans' Administration Hospital psychological staff, and a number of private practitioners who all share a concern for in-service training and professional development for themselves and their several institutions have joined together to create an instrument for pursuing their goals in common. Many of the individuals involved were participants together in our workshops described above. This organizational effort, instigated, sponsored, and strenuously supported by our project, served several functions. First, it recognizes the on-going, long-term need for training and education. Second, it recognizes the need for a structure of set of procedures by which the potential participants can define for himself a needed educational experience and obtain that opportunity. Third, it recognizes the potential economies associated with a co-operative approach which make a higher level of continuing education feasible for individual practitioners in groups. Finally, it recognizes the contribution

to the professional community of an instrumentality which will serve to encourage the participation of mental health professionals in an unending pursuit of excellence and understanding of human behavior.

APA Symposium

In wrestling with the numerous conceptual and practical problems of the project we became acutely aware of the dearth of literature pertaining to continuing education for psychologists and of the general lack of communication between psychologists who are actively involved in continuing education. While some of our problems were perhaps "unique," i.e. specific to the combination of circumstances peculiar to Oregon, others undoubtedly had been encountered, and perhaps solved, by colleagues in other states. For example, we became aware of the fact that some of our problems and their proposed solutions differed, as a function of geography.

Our state has one large metropolitan area where the majority of psychologists are located. They are a very busy group and there are a fair number of speakers, workshops and seminars on various topics being offered in the course of a typical year. The interests of the group are varied but there are enough psychologists who are potential participants in a wide variety of possible topics and content areas. A fairly wide variety of continuing professional development offerings is possible in this metropolitan area. Then, there are two smaller population centers with a fair number of psychologists but the number of psychologists who are likely to be interested in the same content is small. Finally, there are very large and sparsely populated areas with a small number of psychologists who are separated from the other psychologists, and often from each other, by large physical and psychological distance. Clearly, different strategies are called for to deal successfully

with these problems of geography and population density.

We are especially intrigued by the unique problems posed by continuing education as an educational process. And we are interested in comparing notes with others engaged in similar endeavors. Hence, we felt motivated to join with others and the present symposium is the result.

Plans for the Future

Psychology in 1980; or How to Involve Academicians. While encountering relatively little resistance to involving applied psychologists in the project, we found it considerably more difficult to involve experimental psychologists as well as other "academic" psychologists. A good part of one board meeting was devoted to this issue. One suggested proposal, on which we plan to follow through, entails organizing a conference entitled "Psychology in Oregon in 1980" in which the key participants would be department chairmen and representatives from the major administrative bodies, agencies and functional areas which are currently, or which potentially employ psychologists. The major premises on which the conference will be based are: (1) if we continue to train psychologists the way they are being trained now and in equal numbers, all projections are that 1980 there will be a larger number of psychologists looking for jobs than the number of jobs that will be available; (2) higher education is in a state of flux. All the projections indicate that we are headed for basic and drastic changes in the structure of the whole higher education system. What can we do to prepare for the future? The purpose of the conference will be to grapple with this question, to identify potential new fields in which psychologists would be equipped to make a major contribution. If new fields can be identified which our students can and will be entering in the immediate future, what implications does this have for the

training of psychologists in the immediate future? A major function of the conference will be to make recommendations for curriculum changes at the undergraduate and graduate levels to train the kinds of people that will be employable in 1980. A secondary purpose will be to examine the degree of compatibility between current training programs and the needs of the marketplace. The general purpose of the conference will be to make academic psychologists more aware of the changes which are, and which are about to take place in the environment which bear upon our profession so that they can prepare for them.

"New Developments in Psychology" Series. The "New Developments" series further illustrates the variety of formats which have evolved. A meeting with some of the psychologists in one area for the purpose of having them tell us what they wanted to do resulted in the suggestion for a smorgasbord-type seminar to cover new developments in the field. The group seemed interested in having this take place on a regular series, bi-weekly, with the meetings to begin at about 6:30 and to last until 10:00, including dinner. A tentative list of topics is as follows: behavioral treatment of sexual dysfunction; new developments in personality assessment; role playing with children; new developments in group dynamics; econometrics; new developments in behavior modification; psychopharmacology; clinical neuropsychology; psychology and the legislature; a research project on alcoholism; a follow-up and outcome study; behavior management of children; population explosion and noise pollution. Series tickets will be sold which hopefully will defray the cost of the series and the participants will be awarded a certificate.

Problems in Private Practice. Our experiences with several PIRF groups composed of private practitioners have made us aware of the sense of isolation experienced by psychologists in private practice and their need to talk about

common experiences and problems with colleagues facing similar problems. Specific issues which seem to have a high sense of urgency for them were concerned with getting insurance companies to reimburse clients for services rendered by psychologists and related legislative problems. To capitalize on this interest we are currently in the process of trying to set up a workshop focused on insurance which will include representatives from the APA, from the insurance field, and other individuals who are knowledgeable about this topic.

Workshops at OPA. Increasingly, as more of our target population becomes involved in some aspect of the Project, it appears that professional development activities stemming from the Project will become an important part of annual meetings of the Oregon Psychological Association. Currently, the President-elect is responsible for developing the program of the annual meeting. We envisage a closer liaison with Presidents-elect such that workshops, colloquia, seminars, demonstrations, etc., designed in part by the participants-to-be (the "consumers" of the professional development efforts), will consume a major portion of time at OPA meetings. In this vision, OPA members will be active, responsible participants in shaping the content and format of annual meetings. It is our hope that such changes would increase (a) the participation of academic psychologists, whose involvement with OPA is marginal at present, and (b) the meaningfulness of the meetings for all members.

Epilogue

The Oregon Psychologists' Professional Development Project has completed the first year of its program which has emphasized organization of the project and collection of data concerning interests and resources possessed by our target population. We are now entering the second phase with an emphasis

on assisting groups of professionals with similar interests to plan and participate in programs meeting their professional development goals. The first set of these workshops have been greeted with encouraging support. However, it is much too early to draw even the most tentative conclusions about the success of the approach described in this paper.

In summary, the approach is meant to meet the needs of psychologists involved as we are in a rapidly expanding and changing field which renders our old learning rapidly obsolescent and relatively maladaptive. Opportunities for involvement in professional development activities have been increased. Psychologists have been encouraged to engage in periodic self-evaluation in educational goal-setting. Provision has been made for an increase in information flow from influential professionals to their colleagues.

Only time will tell whether this model, appropriately modified to take account of local and changing environmental conditions, can make feasible the spacing of education, training and intellectual exploration over the professional lifetime of a psychologist. The health of our profession depends on the achievement, by some means, of this goal.

TABLE I

An illustration of a system developed to categorize free-response answers to PIRF Questions as represented by most frequently mentioned content categories.

Content Area	Code Number
I. Content of Psychology	
A. The Individual (personality & clinical)	000 0000
Strategy in Therapy	000 0301
New Therapy Approaches	000 0320
Gestalt Therapy	000 0321
Self Confrontation (J. Haley)	000 0322
Behavior Modification/Therapies	000 0401
Shaping Assertive Behaviors	000 0454
B. Man & His Environment(social & ecological)	010 0000
Consultation Skills	010 0101
Group Dynamics	010 0201
Personal Growth Training	010 0221
Group Therapy	010 0226
Family Therapy	010 0227
Marital Counseling	010 0230
Prevention of Social or Behavioral Problems	011 0104
C. Experimental Psychology; Part Processess	020 0000
Hypnosis	022 0200
D. Other topic areas	030 0000
Child Development	032 0000
E. Meta-theory	050 0000
Freedom and Dignity vs. Behavior Control	050 0004
II. Psychology as a Profession	
A. Ethical Concerns, Questions of Value	100 0000
Ethical Systems and Behavior	100 0100
B. Social Issues & Social Action	101 0000
Psychology of the Criminal Justice System	101 0011
C. Interests of the Profession	102 0000
Grant Sources & Proposal Writing	102 0401
III. Information From Fields Other Than Psychology	
A. General Basic Issue & Skills	200 0000
Program Planning	200 0400
B. Math and Statistics	201 0000
Program Evaluation	201 1002
C. Social Sciences & Humanities	202 0000
Interviewing	202 0302

TABLE I Continued

D. Life Sciences	203 0000
Psychotropic Drugs	203 0201
E. Education & Communication	204 0000
Instructional Techniques	204 0100
In-service Training Programs	204 0201

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FOOTNOTES

[1]The authors'names are listed in alphabetical order, reflecting the fact that their contributions are equal.

[2]The Project is supported by a training grant (MH12709-02) from the National Institute of Mental Health.

[3]These and other materials are available from R. Diller.

CONTINUING EDUCATION AND MENTAL HEALTH SERVICE OBJECTIVES

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Background of CASCEMH

The Center for Advanced Study and Continuing Education in Mental Health (CASCEMH) was established in July 1970, funded primarily by a grant from the Continuing Education Branch, NIMH. The creation of the Center followed a comprehensive survey by Katahn (1970) which had elicited the self-perceived training needs of professionals employed in mental health settings. The respondents expressed an interest for training in a variety of topics, including community mental health, behavior modification, drug abuse, and the use of psychoactive drugs in psychotherapy. Interviews with a selected group of respondents indicated also a need for a consultative service directed toward organizational development in order to facilitate the utilization of new treatment technologies and new service delivery schemes. CASCEMH, conceived as a means of meeting those needs, represents an interdisciplinary joint effort on the part of several institutions of higher education in Nashville, Tennessee. These institutions include: Fisk University, George Peabody College for Teachers, Meharry Medical College, University of Tennessee School of Social Work, and Vanderbilt University. Vanderbilt University is the administrative authority for the grant, and has provided the necessary facilities.

A sponsoring board, composed of key members from the collaborating service agencies and educational institutions, was appointed. Next, assistant program directors, located at four of the participating universities, were selected and charged with developing adequate representation of each of the disciplines in the offerings of CASCEMH. Having assumed my duties as director only in February 1971, the Center has been operational only a year and one-half.

The terms of the grant permit the Center to generate income, provided that such income is utilized for purposes directly related to the Center's program. CASCEMH is relatively unrestrained with respect to expending its funds for any aspect of the cost of a training program, although the amount of money available obviously is a limiting factor. Therefore, an exploration is made of the beneficiary organization's ability to share the costs of training. Although no explicit goals have been set regarding eventual self support, the sponsoring institution's decision to continue the program when external support is no longer available will probably rest upon CASCEMH's ability to pay for itself. We will return to this question in the subsequent section on problems and issues.

Goals and Educational Philosophy

Our general aim is to enhance the effectiveness of mental health organizations and practitioners in the geographic region which we attempt to serve. We early decided that the objective of our training programs would be directly related to organizational tasks. We have been concerned with facilitating growth and change in individual practitioners only insofar as such learning contributes to the organization's overall effectiveness in accomplishing its missions. Thus, we have viewed our potential client population as the organization in which a trainee is employed, rather than viewing the individual participant as our client. Our aspiration that the trainee's organization will make it possible for his new learning to be tried out, if not adopted, requires that there be organizational commitment to our programs. It also implies that trainees should have, or will be given, responsibility in their organization for the performance of those activities to which a given training event is addressed. Some may protest that our task orientation deprives us of the privilege of being considered to be educators; however, we view the distinction between training and education as a false one, one that should long ago have been laid to rest by the familiar fable of the "saber-tooth tiger curriculum." There seems no reason to make invidious

comparisons between training and education. Both activities are aimed at bringing about learning. Training need not be addressed only to skills objectives; effective performance may well require knowledge and attitudinal changes as well as the acquisition of skills. The theory which guides the development of learning experiences, whether in a training or educational context, is the same. Further, there appears to be no difference between good pedagogy and good andragogy (the art and science of helping adults learn). Knowles (1970), who has coined the term "andragogy" has emphasized the direct relevance of andragogic principles to the education of children and youth. By the same token, andragogic principles are relevant to the education of adults.

Originally it was assumed that CASCEMH's primary mission would be to disseminate new technologies that may have developed after the formal education of its client group had been completed, in other words, to cope with the potential obsolesence of professional knowledge and skills. Our experience has led us to see the importance of training for objectives that are specific to organizational performance problems and which may or may not involve the acquisition of competence in new technologies. We also see CASCEMH as having an important role in helping organizations to define appropriate training objectives instead of our merely responding to the "felt" needs of a client group. In other words we do not see our function as simply filling prescriptions for training that have been written by the client organization; instead, we believe that training objectives must be determined as a result of a process of mjtual exploration to be described below.

Summary of Effort

During the preceding year and one-half, we have been essentially in a program initiation stage and have been engagin in exploratory activities some of which were inconsistent with our biases. We have undertaken those varied activities not only

to maintain a respectable volume of effort but also to test the validity of our beliefs. We have presented 17 training programs, consulted with several organizations for the purpose of leading them through a self-study and self-analysis as a basis for formulation of relevant training programs, and conducted two studies. One study is an assessment of the effectiveness of participation of citizens as administrative volunteers in comprehensive community mental health centers in Tennessee; the other concerns the utilization of staff in community mental health centers in Tennessee. Each study has aimed not only at obtaining information which would help us to define training objectives, but also at stimulating the staff and board members of the various centers to become aware of problem areas, to engage them in a relationship with the center that might lead to the implementation of successful training.

Another project aimed to establish advisory councils in each state of Region IV. These statewide advisory councils are expected to maximize community involvement in CASCEMH. Each council is to advise us with respect to the development of training programs, both initiating ideas and responding to ideas that our Center proposes. Criteria for the selection of members of these councils are:

1. Familarity with state and community mental health plans
2. Familarity with mental health manpower needs
3. Familarity with community agencies and educational resources
4. Representative of potential students
5. Represent the various mental health disciplines, professional educational programs, and informed lay groups.

These criteria have been derived from our analysis of the standards for community involvement formulated by the NIMH Continuing Education Branch (1971). We assumed that conformity with the principles would depend upon the selection of advisors who had the characteristics indicated by the criteria.

Reformulation of Major Goals for CASCEMH

Having assessed our experience to date, we are now ready to define our desired major outputs and to assign priorities. Our concern with maximizing the spread effect of our programs has led us to consider the major psychiatric facilities, particularly the mental health centers, to be our prime clients. The promise held out by the mental health center concept will not be achieved without an increase in the effectiveness and efficiency of mental health center efforts to offer comprehensive and well balanced community services. A comprehensive mental health program, such as that to which a community should aspire, aims at affecting in some relatively direct way the interpersonal competence of individuals in a community. We believe that our resources would be most efficiently utilized by helping these centers to fulfill the expectations that led to their development. We have delineated for CASCEMH four effectiveness areas, that is, areas in which our outputs should fall:

1. Organizational effectiveness
2. Professional staff effectiveness
3. Continuing education specialist manpower
4. Institutional linkage of continuing education.

Organizational Effectiveness

Our general objectives are to improve organizational effectiveness and efficiency, i.e. to help an organizational system achieve and sustain its optimal level of performance. We approach this goal with training in "management-by-objectives," the output of which is a formulation of objective record sheets for each work unit in the organization. These sheets specify the general outputs of the work unit; the related objectives in specific, time-bounded, output-centered, attainable and measurable terms; the priority ranking of the objective; the method by which its achievement will be measured; and the program of activities that is expected to lead to achievement. Our target population is

top and middle management who can later train their own staff. Once the tasks in a specific program have been determined, a task analysis can be accomplished and the competency of individual staff members can be evaluated. The emerging "deficits" are used to generate the training objectives. The deficits must be analyzed, using the schema described by Mager and Pipe (1970), to ascertain whether they can be attributed to skill deficits or whether they require organizational changes. The decision to undertake a particular training program must rest upon an economic analysis. This means considering the efficiency of a training solution of the performance problem as against, say, terminating the services of those who exhibit performance discrepancies. Obviously there are certain constraints against this hard-nosed approach to continuing education. In some cases the ability to undertake a self-study project appears to require some organizational "unfreezing"; the Center has provided the necessary leadership for that task, having made use of the services of trainers certified by the National Training Laboratory.

Mental Health Professional Staff Effectiveness

Our general objectives are to help staff achieve training objectives that have been formulated on the basis of an analysis of organizational needs and identification of performance discrepancies. As already indicated, training directed toward staff members may be either innovative (enhancing performance) or problem solving (directed toward the elimination of differences between performance levels and performance standards). Each training program has specific knowledge, attitudinal, and skills objectives, together with utilization objectives. Since most of these training programs will be developed in response to organizational needs, we do not have a repertoire of specific programs. We have developed two which we think can have continuing utility: one is an introductory module in behavior modification, the second is a cost-finding program for community mental health centers' business managers and directors.

Each training activity has four distinct phases. The first is a preparation phase, varying in length depending upon the nature of the training objectives. During this preparation phase the student will accomplish whatever preparation has been deemed necessary by the instructor in consultation with CASCHM. The object of this phase is to engage the student in the learning process; to acquaint him with the concepts he must master; and to enhance organizational commitment by virtue of the effort involved in facilitating preparation. The second is an institute phase during which the instructor will lead the participants through appropriate learning experiences using whatever teaching strategy is appropriate. Institutes average two to three days in length, that probably being the maximum block of time individuals can allocate to the training activity that takes them away from their service responsibility. The object of the institute is to help the student to achieve a level of proficiency that will enable him to accomplish the next phase. The third phase is implementation, varying in length depending upon the nature of the learning task. The implementation period should be long enough to provide the trainee with sufficient opportunity to practice the learning. We have offered to make arrangements for appropriate consultation and supervision to provide feedback and deal with obstacles to application. Students are expected to keep records of their implementation efforts. The final phase is a workshop for one or two days duration, during which the institute leader returns to act as a resource person. The student presents his implementation experiences and is expected to learn from his peers as well as from the resource person.

Continuing Education Specialist Effectiveness

There are two target populations: one, potential trainees who themselves have training responsibilities in major psychiatric facilities; two, graduate students

in psychology, nursing, social work, and psychiatry departments of CASCIMH collaborating institutions that wish to participate. Our general objective for both groups is to develop their competence to plan, implement, and evaluate training programs. Specifically, they will be helped to develop knowledge, attitudes, and skills relevant to the determination of training needs and formulation of training objectives, selection of relevant content and appropriate training strategies, organization and logistics of training, application of appropriate evaluative techniques. We reach the first group through staff development training programs and have already offered one training program addressed to this objective. We plan elective seminars for the graduate students and also to provide a practicum setting. Those students would accompany CASCIMH staff on consultative visits to organizations and would have progressive experiences leading to full responsibility for all aspects of a training program. Students undertaking continuing education training would add this sub-specialization to their major specialization in their respective disciplines.

Institutional Linkage of Continuing Education

Another major objective is to make continuing education an integral part of professional education programs in each of the collaborating institutions. This essentially means establishing the legitimacy of the claim of continuing education to the institution's resources. We want to establish a viable educational continuum between continuing education and the regular degree granting programs at various levels in the major mental health professions, if not all the occupations. Most of these professional programs have attended to their linkage with prerequisite programs; for example, the graduate programs in social work and nursing have considered their relationship to undergraduate programs. They must also consider their connection with continuing education. Achievement of

integration will require aligning the educational objectives of the regular degree programs of the collaborating institution with the objectives of continuing education programs.

This obviously represents a major effort which requires the formulation of criteria for some kind of systematic division between the learning objectives of continuing education and of regular programs. Given the incompleteness of the existing undergraduate-graduate relationships, and the length of time it took to arrive at the current extent of integration, the task is not a simple one. However, the principle of making these linkages is probably acceptable to key people in each of the collaborating institutions. Further professional associations are giving consideration to some kind of formal certification procedures which would attest to the currency of the practitioner's qualifications. We have in mind more than simply assuring that the skills of practitioners are kept up to date. We are thinking along lines that have been described by Carmichael, et.al.(1972) in relation to psychiatrists. They suggest that some content now in the regular programs might be allocated to continuing education programs, thereby shortening the length of the time necessary to complete basic training. Carmichael and his colleagues essentially suggest putting the "timeless" content into the core curriculum; the "time-bound" into continuing education. The former comprises the relatively durable orientations and theoretical frameworks; the latter, concepts and practices tied to current situations and likely to change.

Conceivably, there are alternative criteria which can be identified, and whose differential utility with respect to the various mental health professions can be assessed. For example, one alternative is to assign generic practice objectives to the regular program; specialized practice to continuing education. There seems to be no reason to assume that there is a single criterion that is applicable to all professions.

We hope to engage a group of representatives from the professional educational programs, professional practice, and professional associations in a study process which would culminate in a set of guidelines for the development of a continuum between continuing education and regular programs of professional education. We hope that, consistent

with accreditation constraints, one or more of the collaborating institutions of CASCEMI might be willing to implement these guidelines on a experimental basis.

Problems and Issues

Reflection upon our effort reveals a number of problems and issues that may be common to continuing education programs. Finding it difficult to formulate a useful principle of classification, I shall simply present them as a set of discrete items, the order of which has no intended significance:

1. Status of continuing education in educational institutions. It is perhaps a reflection of the relatively tenuous position of professional continuing education in an academically oriented institution of higher education that the continuing education program seems to be held to higher standards than those which obtain for the regular programs. Being increasingly dubious of the validity of distinctions between knowledge for the sake of knowledge and knowledge for use, I use the word "academic" in contrast to "professional" with the same reluctance that I have expressed in regard to differentiating training from education. Nonetheless, however vigorously one may attack the arbitrariness of the distinction, an educational institution which perceives its primary purpose as "academic" will be reluctant to share its resources with an avowedly professional, applied continuing education program. The same resistance may be encountered by professional continuing education programs affiliated with the professional schools which view the education of the student in residence as their primary responsibility.

   Continuing education programs are, therefore, likely to be expected to be self supporting whereas the institution will not have the same expectation for other programs. Even funding agencies may ask questions about the cost effectiveness of continuing education that they do not ask about other educational programs that they support, although the immunity of all programs from such questions is increasingly threatened. Our institutional linkage goal represents a partial response to the status problem.

2. The status of interdisciplinary countinuing education faculty. These may share a handicap with the staff of other types of university programs that are not specifically tied to an academic discipline. At the same time that

interdisciplinary activity is extolled, Roose (1969) points out the difficulties faced by the person with interdisciplinary interests in achieving academic recognition compared to his more traditional colleague. The onus for resolving this problem seems to be placed by Roose upon "the active developers of interdisciplinary programs who, I think, must make every effort to bring the discipline people along into a willingness to accept the legitimacy and rightful role of these newer programs."

3. Progression of learning experiences in continuing education. The attempt to develop modules in behavior modification is one illustration of our response to this problem. Prior to presenting our first behavior modification program we had realized that a number of training programs in behavior modification have been offered in this region in recent years. Our own effort attracted an undesirable mix of participants: those having no knowledge of behavior modification; those having attended a previous training program without achieving any level of practice proficiency in the technology; those having used it in practice and having an interest in mastering some variation. Therefore, we have tried to develop a set of training modules which individuals can attend attend in sequence.

4. Limits to the amount of time trainees can give to training activities. We have endeavored to reduce the amount of time shifted from service responsibilities by bringing programs to the organizational location, but there is still the question of how much time an organization will release for staff development purposes and also how much of his own time an individual is willing to contribute to such efforts. The latter is a particularly difficult issue in the case of private practitioners who must forego income in order to pursue continuing

education activities. The movement underway in mental health professions to introduce some form of periodic certification of practitioners may enhance motivation. Access to new means of communication and to persons who have the skills to utilize those means becomes important.

5. Continuing education inputs into service program development. While decisions regarding program goals are the responsibility of the service organization, I believe that a training organization should have the opportunity of helping its client organization to review its goals and alternative programs so that the training is directed toward producing the competence that practitioners need to carry out a soundly conceived program. This may assign to the trainer a more intrusive role than some would be willing for him to have. We believe, however, that the decision making process in program development is facilitated by inputs from the training consultant regarding the capabilities of training to achieve objectives implied by the program. Further, the training organization must make decisions regarding priorities; if for no other reason, it would have this basis for its concern with whether the purposes to which training would be put justified the use of training resources. This seems to place the trainer in an omniscient role, but it should be recognized that the organization may need training in the very process of goal setting and program development. Obviously, this kind of role can be assumed only by someone with knowledge of those processes as well as with sufficient knowledge of the substantive program content to be effective in helping the organization. I have earlier reviewed the comprehensive process of determining training objectives. While the training

organization can enter this process at the point of task analysis, we believe it unnecessarily restricts its contribution if it does not participate in the earlier phases of that process. It is recognized that the extent to which a trainer should participate in analysis of programs is a moot question; my own bias in advocating the maximum participation stems from foreign experience in having had responsibility for training manpower programs which should have been drastically modified, if not abandoned. We have to some extent resolved the issue of differentiating organizational consultation from training consultation by offering organizations training in management by objectives, the immediate objective of which is the trainee's mastery of the technology. It is expected, as a spin-off of that training, that objectives are made explicit, may be revised, that the alignment of objectives between components of an organization is improved, that gaps in programs are identified, that alternative programs are suggested and that organizational structural changes may be made. Another important outcome may be the identification of objectives for further training, without the opportunity of helping to bring about these possible outcomes, the trainer who responds only to "felt" needs may find that organizations tend to request training with innovative content for use in new service programs rather than training addressed to total organizational problems. I have elsewhere discussed the advantages of the goal orientation over the program orientation. (Robins 1972)

6. Availability of faculty for continuing education. This is tied up with the status of continuing education. If instructional duties in continuing education are not an integral part of a faculty member's work effort, his participation may tend to be viewed as a means of augmenting his income. In any event, the instructor whose primary duties are not in continuing education may feel

under pressure to minimize any special preparation for a continuing education task. Our four phase training experiences require more inputs on the part of faculty than is usually expected. The instructor must make efficient and effective selection of preparation experiences, decide upon how to utilize these in the institute (it is surprising how many instructors require preparation and make no use of it), specify some level of proficiency as a learning goal, and develop guidelines for the implementation phase. Time being a more precious commodity in continuing education programs as compared with regular programs, the teaching must be more efficient. The instructor has fewer opportunities to make up for any class hour when his teaching was ineffective. Having once developed an effective program, there is the danger that successful programs may become packaged so that they might be reused, perhaps in situations where they are not appropriate. Continuing education needs to guard against falling victim to the same process that "freezes" regular educational programs. (see Robins, 1971)

None of these problems and issues is insuperable. Continuing education is relatively unfettered by the constraints of tradition, and can, provided that external support remains available for a sufficiently long period, develop imaginative solutions to its special problems. Let us hope that, when the day arrives that it becomes a full member of the educational establishment, one of its own traditions will be that it is truly an agent of change (see Webster, et al, 1971), and one that is capable of changing itself in order to maintain its relevance to social needs.

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CONTINUING EDUCATION IN THE MIDWEST REGION

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The Midwest Region is that group of states in which psychologists belong to the Midwestern Psychological Association---North Dakota, South Dakota, Missouri, Nebraska, Iowa, Kansas, Wisconsin, Minnesota, Michigan, Illinois, Indiana, and Arkansas. The midwestern regional committee on continuing education of the American Association of State Psychology Boards was formed by writing to the presidents of the state psychological associations and to the chairmen of the state psychology boards and requesting them to appoint a representative from their group to the committee. Three states (Iowa, Missouri, and South Dakota) do not have statutory licensure or certification, in which cases the certification committee of the state association was asked to appoint a member. The people appointed were requested to summarize continuing educational activities in their state. The material to follow is based on those reports.

Of the midwest states reporting, Minnesota, Michigan and Kansas appear to have the most CE opportunities available to psychologists. Minnesota lists ten resources in addition to the state psychological association, including the State Department of Welfare, Health and Education, The Personnel and Guidance Association, the Rehabilitation Association, as well as private agencies. The state chapter of the Association for the Advancement of Behavior Therapy and the Psychologists in Public Service are planning continuing

educational opportunities for professionals. The Minnesota State Planning Agency has established a Comprehensive Health Planning Committee on Health Manpower. The Committee is exploring professional issues of licensure, certification and continuing education. The deliberation of this committee may result in a recommendation to the legislature for mandatory CE for health professionals. The Minnesota State Psychological Association has a committee with the responsibility of developing continuing educational opportunities for its members, although specific programs were not available when this report was prepared.

In Kansas one Comprehensive Mental Health Center has a formal, well-organized and well-attended series of workshops throughout the year. The series covers such topics as psycho-drama, learning disabilities, physiological correlates of behavior, encounter techniques, and behavior modification techniques. Members of all mental health professions, as well as other interested professional groups, are invited to attend. The Kansas Psychological Association has budgeted funds to support workshops and other continuing education activities at their midyear and annual meetings.

In Michigan, the large statewide organizations do not actively or centrally initiate continuing education programs. Specific clinics and hospitals have programs but the participants are from a limited geographical area. Specific professional groups and university departments seem to offer the most active set of programs, although, once again, there is no centralized way to obtain information about them. Perhaps the most active, ongoing CE program in the state is offered by volunteer-staffed, crisis-intervention centers. These are aimed at the central public and psychologists are seldom singled out as the sole recipients of continuing education.

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The other state psychological associations in the region reported no particular concern with, nor efforts to plan for, the continuing education of their members. Most reported that psychologists in their states depended upon attendance at meetings and on reviewing the literature as the major avenues for up-dating and diversifying their professional skills. There was no reported instance of a well-planned, well-publicized, and well-supported program of continuing education.

Several reasons for the problems which were reported by committee members may be offered. One is the professional and geographic isolation of psychologists. The states in the midwestern region are primarily rural with one or two population centers in each. A psychologist in a rural area may be so pressured by immediate demands for his skills that he has little time to devote to up-dating, diversifying or otherwise improving his skills. If he is employed in an agency, his employer may not be willing to underwrite the cost or to provide the time off to permit the psychologist to attend professional meetings or other activities which would improve his skills. If he is in private practice he may feel travel to such opportunities is too time-consuming in relation to the professional gain. Or he may feel that he cannot afford to ignore the needs of his patients when there is no other professional who can cover his practice for him when he is not available. Also, without the stimulation of contact and communication with other psychologists, he may not be aware that his professional skills are out-dated or not broad enough to meet patients' needs effectively.

Concomitant with the low population density is the geographic and professional inaccessability of university psychology departments and of

the university libraries for literature review and research. In South Dakota the university organizes CE courses when a demand for them arises, provided one of the members of the small faculty can fit it into an already crowded schedule. In Michigan an attempt is reportedly underway to establish a professional school of psychology. There has been discussion of whether post-graduate courses should be included in the curriculum planning. It is in the university setting where much of the new knowledge is generated and evaluated, yet graduate departments of psychology in the Midwest Region apparently do not consider noncredit continuing education opportunities as part of their overall responsibility to the professional community. While some may offer occasional colloquoa, symposiums, workshops or conferences, no official, on-going, funded program was reported at any of the universities with graduate programs in psychology. The reasons for this situation are unclear. In Kansas the faculties of the two APA-approved graduate training programs do not participate in the state psychological association, although a few are members. Perhaps the split between the professional and the professorial communities is so widespread that it needs to be mended before a cooperative effort to establish and support CE within the university setting can be successful. Possibly psychologists do not demand such opportunities and perhaps university departments request funds for them but state legislatures won't approve them. Whatever the reasons for the lack of such programs, university departments seem the most logical setting in which to develop comprehensive programs in continuing education.

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As an illustration of what might be developed along these lines, a brief description of the CE program in medicine at the University of Kansas Medical School may be in order. There is an official Department of Post-Graduate Medicine. Physicians throughout the state are expected to accumulate post-graduate credits to maintain their medical licenses. The cooperation among the Kansas Medical Association, the Kansas State Board of Healing Arts, the Kansas Board of Regents, the Legislature and the Medical school has resulted in a well-financed and well-organized program to up-date and improve the skills of physicians practicing within the state. The state is divided into two "circuits" each of which includes four communities scattered throughout the state. A group of physicians and other faculty from the medical school travel each circuit twice a year, discussing various aspects of medical care. Certainly physicians are more numerous than psychologists, at least in Kansas, and such an intense and frequent program might not be practicable, but a similar program seems a possible CE solution for psychology. Because of the population dispersion and the relative scarcity of practicing psychologists, the psychological associations of two or more states might cooperate in establishing joint programs, supported by both states' psychology departments and financed at least partly by the states' psychological associations.

All of the reports emphasized the lack of communication and cooperation among groups which might profitably and effectively develop comprehensive programs to serve not only psychologists but other mental health professionals as well. While groups circulate information to their members, there seems to be no central clearing house which all groups can use to reach all interested persons. The Minnesota Comprehensive Health Planning Committee may begin to

serve this need as part of its collection and publication of information. Other states might develop similar communication channels to reach as many professional people as possible and to help eliminate scheduling conflicts which prevent some interested people from participating in such programs.

Underlying all of the above is a basic question, unanswered by those who responded to the request for information. That is, whether continuing education should somehow be made a requirement for continued licensure or certification. Implicit in all the responses is the message that CE is a "good thing" but that it is on the periphery of concern and planning. There is a marked reluctance to become involved in attempts to begin to define the issues and to clarify the goals. In the writer's opinion, state psychological associatons have a responsibility to encourage their members to take advantage of existing CE resources by publicizing them, and a further responsibility to work toward cooperative programs with graduate psychology programs at the state universities.

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APA's Visiting Psychologist Program: An Approach to Continuing Education

Ronald B. Kurz

American Psychological Association

Since 1967, APA's primary effort in the area of continuing education has been the Visiting Psychologist Program. This program, which has been funded by the National Institute of Mental Health since its inception, is designed to facilitate the dissemination of up-to-date knowledge generated in recent research findings and to provide for the demonstration of innovations in psychological procedures to mental health professionals in service settings by psychologists who are significantly involved in research, training and delivery of services. In developing the program, it was recognized that professionals in the mental health fields are confronted with the difficult task of keeping abreast of current theoretical developments and progress in scientific research, while meeting increasingly heavy service demands. In those centers actively involved in training, staff members are stimulated by the educational needs of bright and inquisitive students, and by interaction with consultants from universities who send their students for training. However, only a small proportion of the growing numbers of settings in which psychologists and other mental health professionals are employed have training programs. Those psychologists located in "have not" centers would profit greatly

by programs that help them to keep up with recent developments and that provide access to the information and consultation essential to optimizing their own professional contributions.

While the Visiting Psychologist Program stresses the needs of professionals in service settings, it is also proper to recognize that there is a loop of information transfer to the visiting academic psychologist when he is confronted with the problems of his hosts in the service setting. Thus the program attempts to provide a continuing education experience for the Visiting Psychologist as well as for the professionals in the agencies which are visited.

The program is monitored by an Advisory Committee, the current members of which are: Malcolm Kushner, who is in private practice in Miami, Florida; Ruth Lesser, Director of the Doctoral Training Program in Clinical Psychology at Yeshiva University; William Pierce of the Westside Community Mental Health Center in San Francisco; Alfred Wellner of Baltimore (Chairman); and Arthur Wiens, who is Director of the Internship Training Program in Psychology at the University of Oregon School of Medicine. It is administered by the professional staff of the Educational Affairs Office of APA and is under the general supervision of the Education and Training Board.

Visiting Psychologists typically spend two days at the agencies selected for visits. Arrangements for visits are sufficiently flexible so that the special needs of the agency

and the special abilities of the visitors may be accommodated optimally. Visiting Psychologists engage in formal and informal teaching activities, the demonstration of new techniques and procedures in practice and research, and in consultation with psychologists and other mental health professionals, school officials, and community leaders. Thus, the program is not only for the benefit of psychologists, but also for professionals from other disciplines, administrators, and community representatives. The NIMH grant, which supports the program, pays for the entire cost of the Visiting Psychologist's expenses, plus an honorarium. The program also allows for follow-up visits, after an interval of approximately six months, to 25% of the agencies initially visited each year.

The target group of agencies for this program includes mental hospitals, outpatient clinics, community mental health centers, child and family service centers, psychological service centers and school systems. Several new emphases have developed since the program began in 1967. The program has been extended to focus on agencies that are either staffed largely by professionals who are members of disadvantaged or minority groups, or where the clientele are members of such groups. For example, last year's program involved a large number of visits to agencies serving black, Mexican-American, and American Indian clients. Since such disadvantaged persons do not make frequent use of traditional

mental health facilities, the program has attempted to reach them through visits to prisons and other correctional agencies, school systems in large urban areas, and church consultation groups. Visiting Psychologists are also being sent to local and statewide meetings of psychologists in geographic areas where mental health facilities are not developed sufficiently to allow for visits to individual agencies. It has been possible recently to reach larger audiences of professionals through this means. For example, for a few years now, we have sponsored Visiting Psychologist visits to statewide and regional meetings in Idaho, West Virginia, and Texas. In the case of Idaho we have been able to provide continuing education experiences for most of the state's psychologists. This is significant in view of the fact that Idaho does not have any graduate training programs or internships in clinical psychology. In West Virginia and Texas, the Program was able to reach large numbers of psychologists and other mental health professionals in matters pertaining to the delivery of services to ethnic minorities.

A primary criterion in the selection of the setting to be visited is the "readiness" of the agency to gain from the program. This characteristic is judged largely from the information submitted by the agency itself in its application. Since the number of psychologists in settings which qualify is usually not large, the potential host agency is asked to develop and prepare a program in

which the visitor may interact with members of other disciplines within the agency, with other psychologists in the community, and with community leaders. Other criteria are the present level of program development and growth potential, critical mass (in terms of staff and resources) to benefit from consultation, and the likelihood of a continuing effective relationship between the visitor and the agency.

The major criteron for the selection of Visiting Psychologists is the requirement that the visitor has something important to contribute to the field center. In addition, an important consideration is the potential impact of the experience on the visitor himself. An added advantage for the university psychologists who participate is that they will be exposed directly to the problems which are faced by psychologists in service settings.

Since the 1968-1969 program year, graduate students have been included as covisitors. This has now become an important part of the program. Last year, 19 graduate students participated in the visits. They functioned as consultants to the agencies and not only provided continuing education experiences to their hosts but also had a unique training experience in their own right. In addition, the opportunity to take students on visits has made the Program more attractive to visitors.

The most significant problem the program has faced is the evaluation of its effectiveness. Evidence of the success and popularity of the program may be inferred from the number of applications

received from agencies which desire a Visiting Psychologist and from psychologists who wish to serve as visitors. The program is currently receiving about 100 applications a year from agencies, from which about 35 agencies are selected for initial visits. The desire among psychologists to serve as visitors is so strong that we have not found it necessary to advertise for Visiting Psychologists. Several times a year we make general announcements in the American Psychologist and the Monitor calling for agency applications. These announcements usually produce more than enough applications from persons who wish to be visitors. Thus the program seems to be well-accepted by the field of psychology as well as other related professions that have participated.

Besides interest and popularity, a more detailed analysis of the program is attempted through the examination of reports which agencies and visitors submit after each visit. This analysis reveals yearly that about two-thirds of the agencies and groups visited report that the program was a helpful continuing education experience and they request a revisit. A similar proportion of Visiting Psychologists request an opportunity to revisit the agencies they visited initially. Each year about 10 agencies are actually selected for a revisit. Furthermore, the visit reports reveal that the greatest impact of the program is in its ability to communicate current research findings and information on innovations in therapeutic, diagnostic and assessment methods, and in providing mental health

consultation to agencies. The visitors and agencies find the program has its smallest impact in giving information on professional developments such as licensing and insurance.

Two years ago we conducted a follow-up analysis of the impact of the program on agencies visited during the first year the program was in operation (1967-1968). Questionnaires were sent to the agencies in order to determine whether the benefits which were reported in the visit reports had been maintained and whether continuing relationships between the agencies and the visitors had been established outside of the Visiting Psychologist Program. Approximately three-fourths of the questionnaires were returned. In almost half of the agencies which returned the questionnaires the staffs had changed so greatly that there was no one currently at the agencies who had been there at the time of the visit. This fact is not surprising in view of the selection of agencies that are in an early stage of development and in which rapid change and staff turnover are to be expected. In the remainder of the agencies returning the questionnaires, it was felt that the visit had been useful in helping the psychology program develop, but in very few instances were specific long-term effects of the visit reported. Practically every agency requested another visit and many requested to be visited by the same person who visited them

previously. In some cases the Visiting Psychologist Program had helped to establish a continuing relationship between the agency and the consultant.

It seems clear that the short-term benefits to the agencies in getting them various kinds of information and consultation are the most significant contributions of the Visiting Psychologist Program. Long-term change, as a result of the program, has not been demonstrated. This finding is certainly not unexpected. First, the agencies selected are often in a stage of rapid development and change, and it would be difficult to partial out the portion of that change which was the result of the program. Second, it seems highly unlikely that one or two visits from a consultant could have a significant effect over a long period of time, unless such visits stimulated a long-term relationship between the consultant and the agency.

CONTINUED EDUCATION - AN INNOVATIVE MODEL

Mark H. Lewin

American Board of Professional Psychology, Inc.

One of the most exciting new developments in psychology has been the recent launching of the National Academy of Professional Psychologists. It was established in large part because today's graduate education in professional psychology is failing. Academic and "training" programs too often leave their graduates unprepared to cope with the real human and organizational needs met upon entry to "the real world" of professional practice.

The American Board of Professional Psychology, Inc. (ABPP) has a vital concern with the quality of training received by today's practitioners. Indeed, ABPP was established to serve the public welfare by conducting examinations to determine the qualifications of professional psychologists who apply for certification as superior practitioners. ABPP's entry into continuing education activities began with it's attempts at presenting feedback reports to candidates who were not yet deemed to be of diplomate calibre. Thought then turned to ways of offering these candidates opportunities to improve their skills. A continuing education survey of diplomates further broadened ABPP's insights. Indeed, diplomates throughout the country, recognizing the need and responsibility to keep abreast of developments in their field, seemed as interested in attending workshops as did other psychologists who aspired to diplomate status.

ABPP began initial planning for the establishment of a nation wide body that could reach a large percentage of those involved in delivering

psychological services to the community. The new organization was named the National Academy of Professional Psychologists.

The Academy program, developed with the advice and guidance of its distinguished Board of Directors, deals primarily with the four branches of psychology in which diplomas are awarded by the American Board of Professional Psychology - clinical, counseling, industrial and organizational, and school psychology. However, the Academy's goal is to make available to the professional community educational opportunities covering the broadest possible spectrum of noteworthy professional developments.

The Academy program includes a rich variety of formats, including practical workshops, intensive seminars, lecture-discussions, and full academic courses. These are held at the Academy's affiliate and headquarters, the New School for Social Research in New York City, on a regular semester basis; we also plan to have teams of instructors visit other university and urban centers throughout the country in order to bring workshops to a wide range of our colleagues. In addition, it is our expectation that we will soon have a pool of willing instructors who will be prepared to design programs to meet the needs of practitioners who petition the National Academy for specific workshops. The instructors will travel to the "students' " locale, easing logistical problems for the local psychologists.

Recognizing the limited amount of time available to the practitioner,

most activities of the Academy are arranged so that maximum information and discussion can be secured in the least amount of time. Most seminars and workshops are of one, two, or three-days duration and many are held on week-ends.

The faculty for the Academy program is drawn from among the nation's outstanding professionals, with members of the American Board of Professional Psychology playing a significant role. The Academy's distinguished board (Alfred J. Marrow, chairman; Chris Argyris; Leon Festinger; Donald L. Grant; Rollo May; and Alan O. Ross), as expected, also includes ABPP trustees and diplomates.

Because the New School for Social Research is a university noted for its rare commitment to lifelong learning, it offers a most appropriate setting for this pioneering program in continuing professional education. The New School was one of the first American institutions of higher learning to offer courses in psychoanalysis; in the early part of the century it provided Sandor Ferenczi and many other creative thinkers in the field with their first opportunity to reach a large public. The New School's Graduate Faculty of Political and Social Science includes an important department of experimental psychology, founded in 1933 by Max Wertheimer.

Further information about the Academy's programs can be obtained by writing to its Chairman, Dr. Alfred J. Marrow, National Academy of Professional Psychologists, New School for Social Research, 66 West 12th Street, New York, New York 10011.

CONCLUDING REMARKS

Peter M. Lewinsohn

The participants agree that psychologists as a group, and Psychology as a profession, have not shown enough interest and concern with Continuing Education. While the papers indicate that change is in the wind, the variety and the quantity of Continuing Education offerings and the number of psychologists who are able to avail themselves of these is relatively limited. It is also clear that when meaningful Continuing Education experiences are offered there are many eager to participate. It might tentatively be suggested that the problem is largely, although not exclusively, at the level of supply and the delivery of services. The demand certainly seems to exist.

The programs described represent a variety of formats ranging from the relatively simple Visiting Psychologist program to the multi-format, multi-level approach of CASCEMH. The panelists seem to be in agreement that the traditional graduate education format (courses and seminars offered on a quarter and semester basis) is not adequate for the needs for the professional psychologist since his situation is entirely different from that of the full (or part) time graduate student, towards whom most of our educational practices are aimed. Innovative approaches are clearly needed. In this context, greater use of State Psychological Association meetings for professional development activities might be suggested.

The programs differ in regard to the underlying assumptions that they rely on. The Oregon program, perhaps, leans more towards a "grass roots" philosophy, i.e. the consumer determines the content and the format of Continuing Education offerings.

The programs also differ in regard to their target populations. While a commitment to interdisciplinary involvement is shared by all, in practice this is not always easy to do in a manner which allows each group to maintain its sense of identity and ownership of the program. Geographic and political considerations would seem relevant here. In a small state with a low population density an interdisciplinary program may be the only feasible one.

Sponsorship is another important issue. While three of the programs originate in university settings, as Dr. Fish correctly points out, such sponsorship is the exception rather than the rule. The National Academy of Professional Psychologists, of course, is the product of the efforts of professional psychologists, a development which is consistent with current efforts to create new schools of professional psychology. These endeavors reflect a feeling of dissatisfaction on the part of a significant number of psychologists with current programs of graduate education. It is gratifying to note that the new California School of Professional Psychology includes offerings which address themselves to the needs of psychologists in the field. The dynamics of local intra-professional relationships determine the nature of sponsorship and collaboration between different organizations. Ideally, the needs of a given area are probably served if the Continuing Education efforts are based on collaborating efforts between the universities, professional schools, the State Psychological Association and the State Psychology Board.

The issue of program evaluation was raised in the ensuing discussion. It is quite clear that none of the programs has sufficiently tackled this difficult problem . All of them incorporate some elements of evaluation, but none is satisfied with what they are doing in this regard. The fact that this problem is not unique to Continuing Education does not provide much solace. This type of accountability is being demanded and Continuing Education

programs will not be exempted. An interesting question was asked from the floor about feed-back from the Continuing Education programs to Graduate Education as one aspect of program effectiveness. Since Continuing Education is concerned with enhancing the professional competence of psychologists and with the quality of services, it undoubtedly will focus deficiencies and lacks in current graduate training and suggest changes in graduate training. One measure of the effectiveness of Continuing Education programs might be the extent to which they exert a corrective influence on graduate training.